

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor(s), I/we hereby declare that:

My/our residence, post office address, and citizenship are as stated below next to my/our name(s):

I/we believe I/we am/are the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHOD FOR RESUPPLYING REAGENTS IN AN AUTOMATIC CLINICAL ANALYZER, the specification of which; (check one)

☒ is attached hereto.

☐ was filed on _____
as Application Serial No. _____
and was amended on _____ (if applicable).

I/we hereby state that I/we have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I/we acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

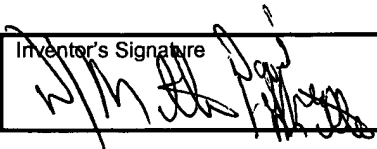
I/we hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application of patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

| | | | <u>Priority Claimed</u> | |
|-------------------|--------------------|---------------------------------|--------------------------|--------------------------|
| | | | Yes | No |
| _____ (Number) | _____ (Country) | _____ (Day/Month/Year Filed) | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ (Number) | _____ (Country) | _____ (Day/Month/Year Filed) | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ (Number) | _____ (Country) | _____ (Day/Month/Year Filed) | <input type="checkbox"/> | <input type="checkbox"/> |

I/we hereby claim the priority benefit under Title 35, United States Code §120, of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I/we acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a), which is material to the examination of this application and which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

COMBINED DECLARATION AND POWER OF ATTORNEY

| | | |
|---|---|--------------------|
| Full Name of First Inventor DAVID JEFFREY MILLER | Inventor's Signature  | Date 7/14/03 |
| Residence 3515 HOPKINS DR., WILMINGTON, DE 19898 | | Citizenship USA |
| Post Office Address SAME | | |

| | | |
|------------------------------|----------------------|-------------|
| Full Name of Second Inventor | Inventor's Signature | Date |
| Residence | | Citizenship |
| Post Office Address | | |

| | | |
|-----------------------------|----------------------|-------------|
| Full Name of Third Inventor | Inventor's Signature | Date |
| Residence | | Citizenship |
| Post Office Address | | |

| | | |
|------------------------------|----------------------|-------------|
| Full Name of Fourth Inventor | Inventor's Signature | Date |
| Residence | | Citizenship |
| Post Office Address | | |

| | | |
|-----------------------------|----------------------|-------------|
| Full Name of Fifth Inventor | Inventor's Signature | Date |
| Residence | | Citizenship |
| Post Office Address | | |